

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1		/			51	/				
2			/				52		/		
3			/				53		/		
4			/				54		/		
5			/				55		/		
6							56		/		
7							57		/		
8							58		/		
9							59		/		
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			8				TOTAL IND.				
TOTAL DEP.			76				TOTAL DEP.				
TOTAL CLAIMS			84				TOTAL CLAIMS				